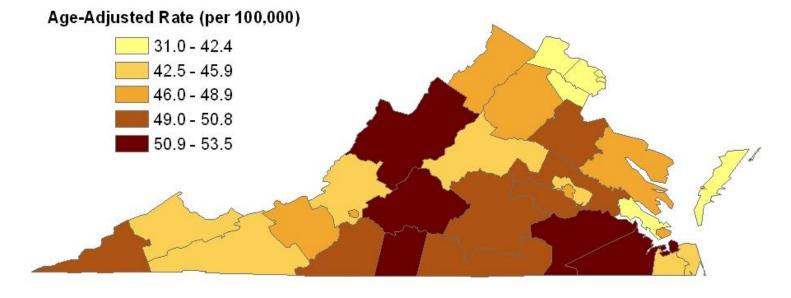
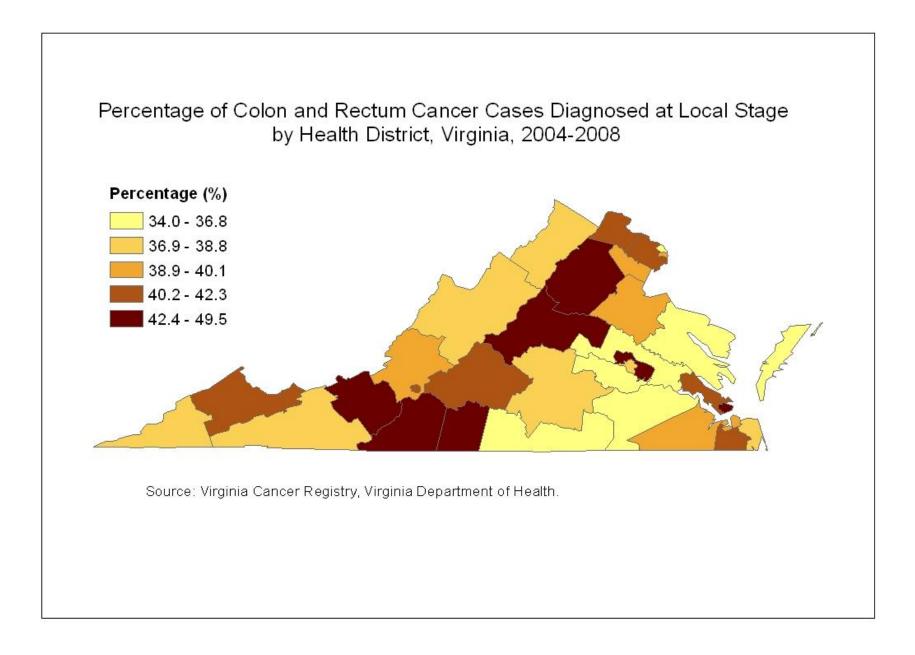
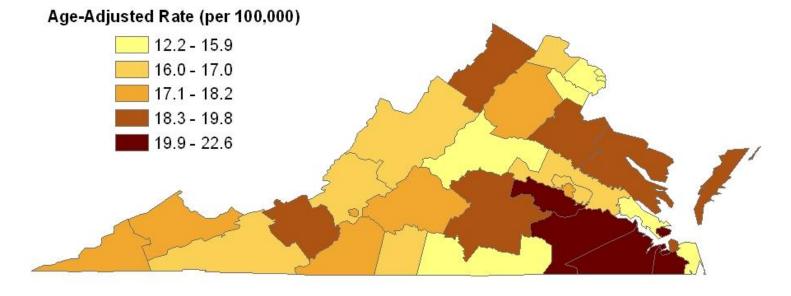
Cancer Incidence Rate by Health District, Colon and Rectum, Virginia, 2004-2008



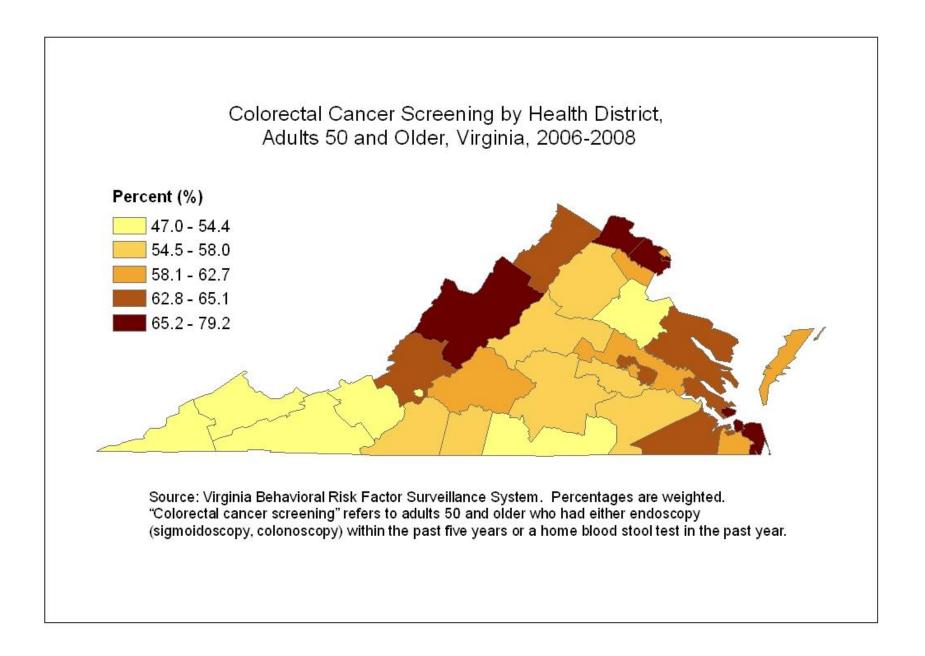
Source: Virginia Cancer Registry, Virginia Department of Health. Rates are age-adjusted to the 2000 U.S. standard population.







Source: Division of Health Statistics, Virginia Department of Health. Rates are age-adjusted to the 2000 U.S. standard population.



Colorectal Cancer Statistics in Virginia - Notes

Sources: Incidence and percent local staging (VA Cancer Registry); mortality (VDH Division of Health Statistics); risk factor prevalence (Behavioral Risk Factor Surveillance System).

Source for national rate: Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). *SEER Cancer Statistics Review*, *1975-2008*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011. Based on combined data from 2004-2008. Rates are age-adjusted to the 2000 U.S. standard population.

Source for national average: Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). *SEER Cancer Statistics Review, 1975-2008*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011. Based on combined data from 2001-2007.

Source for national rate: Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58 19.pdf. National rate is the 2007 age-adjusted rate, which is comparable to the state five-year interval midpoint.

Source for state and national prevalence estimates: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. Available from: http://apps.nccd.cdc.gov/brfss.Accessed 6/2/10. State and national numbers are based on 2008 data.

Colorectal Cancer Screening: Lifetime endoscopy = Percentage of adults age 50 years and older reporting ever having a sigmoidoscopy/colonoscopy during their lifetime; Blood stool test = Percentage of adults age 50 years and older reporting stool hemoccult (blood stool) test within past two years; Colorectal cancer screening (comb.) = Percentage of adults 50 and older who had a sigmoidoscopy/colonoscopy within the past 5 years and/or a home blood stool test within the past year.

Districts are ranked in terms of prevalence of colorectal cancer screening from lowest (=1) to highest (=35). District with lower rankings (i.e. lower colorectal cancer screening prevalence) are at greater risk. Rankings are based on colorectal cancer screening (comb.)



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¹ Based on combined 2004-2008 data. Rates are age- adjusted to the 2000 U.S. standard population. Districts are ranked in terms of incidence rates from highest (=1) to lowest (=35). Districts with lower rankings (i.e. higher incidence rates) are at greater risk.

² Based on combined 2004-2008 data. Percentage of Local Stage cancers are reported using the Summary Staging System. Districts are ranked in terms of percentage of cases diagnosed early (local) from lowest (=1) to highest (=35). Districts with lower rankings (i.e. lower early stage percentages) are at greater risk.

³ Based on combined 2005-2009 data. Rates are age- adjusted to the 2000 U.S. standard population. Districts are ranked in terms of mortality rates from highest (=1) to lowest (=35). Districts with lower rankings (i.e. higher mortality rates) are at greater risk.

⁴ Behavioral Risk Factor Surveillance System is a national telephone survey of adults 18+. District estimates are based on 2006 and 2008 (pooled) data. Percentages are population-weighted.

⁵ Summary score is computed by adding rank score for incidence, local staging, mortality and screening prevalence. Lower score indicates higher risk. Top five districts with the highest risk (i.e. lowest rank) are highlighted.

Maps illustrate rates or percentages in quantiles.